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Statement of

THE MEDICAL OFFICER

OF THE



CRANLEY VILLAGE HOSPITAL.

G. J. Palmer
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LONDON :

G. J. PALMER, 32, LITTLE QUEEN STREET,

LINCOLN'S INN FIELDS.

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# Statement of the Medical Officer.

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WITH the publication of the Third Annual Report of the Cranley Cottage Hospital, I beg to offer a few remarks and suggestions in anticipation of the numerous communications which have on each previous occasion attended its issue, giving such information as appears to be most desired. I shall, at the same time, be pleased to reply to any farther inquiries, and to receive suggestions from those who have given the subject their consideration.

As will be seen by the accompanying Report, the Cottage Hospital continues to afford all the advantages for which it was devised, and may be pronounced a decidedly successful undertaking.

As has been previously stated, its establishment was suggested by the frequent occurrence of both medical and surgical cases, not admitting of effectual treatment in the cottages of the poor, and, in consequence, terminating very frequently in permanent disorganization or death. For the truth of this assertion I appeal to the medical practitioners of the Province, many of whom I know have keenly felt the humiliation and annoyance of possessing skill and knowledge

which they are unable to apply, in the absence of some such institution.

Whilst advocating the general establishment of Cottage Hospitals as a means of benefiting the poor, I believe it will be attended with equally beneficial results to ourselves (the general practitioners) as a means of promoting a more generous and friendly feeling, by bringing us together in consultation on cases of difficulty, and in rendering assistance in severe operations. But a few extracts from the medical and other journals will, perhaps, be the best evidence on this and other points in connection with it.

“ There is one rather serious hindrance, however, to the extension of Cottage Hospitals, and that is the strong professional jealousy so prevalent in small places. Could country surgeons be made to see how much to their material advantage it would be to combine in order to show that as hospital surgeons they are not inferior to their city brethren, much good might be done; and town patients, we do believe, would often be sent to the country hospitals for more safe, if not more skilful treatment.”—*Builder*, Nov. 23, 1861.

“ The management of cases of accident and severe illness amongst the poor in rural districts constantly offers the most serious difficulties to the surgeon. . . . In remote villages, in isolated districts and in localities where the hospital is far distant, or its accommodation insufficient, the patient must suffer greatly from the absence of all the appliances, and the kind of nursing and attendance which only such an institution can afford. A well devised effort made at the village of Cranley, successfully meets these shortcomings in that district, and may serve as a model to be usefully copied elsewhere. . . . It is a sensible and useful development of local philanthropy, for which we desire perma-

nence and a rich fruition of useful works.”—*Lancet*, Oct. 20, 1860.

“The system of draining all the instructive cases from country districts is also detrimental to the practitioner, inasmuch as it deprives him of the means of exercising and maintaining his manipulative skill. There are doubtless many practitioners who have never had an opportunity of assisting or of witnessing a first rate operation since their student days, in consequence of the lack of some institution in which they could be performed with due care and safety. This in itself is a great grievance, inasmuch as the practice of the art in its highest and most critical, as well as in ordinary cases, is a real delight; it is a grievance moreover in a pecuniary point of view, inasmuch as it necessarily inculcates the notion that where there is a want of practice, there must be a want of skill; hence the higher classes are led to call in the aid of metropolitan celebrities on very slight occasions. Knowing as we do the fertility of resource that characterises the country practitioner, and his general ability in the treatment of disease, we look upon this drawback to his career as an exceedingly annoying one, and we hail with pleasure any means by which it can be obviated. We think that Mr. Napper has found out the means; and in the multiplication of village Hospitals we think we see a vista opening which will lead to the benefit of the great mass of the country practitioners residing in remote districts.”—*British Medical Journal*, Oct. 20, 1860.

There is a feature in this institution to which I wish to call particular attention, viz. *the self-supporting plan* of requiring a small payment from each patient. I had particularly noticed when in the habit of visiting some of our largest hospitals, that of the patients admitted, a very large propor-



tion of them were persons who, either by themselves or their employers, were capable of providing the cost of their maintenance : and moreover, that many of them were the nominees of liberal subscribers, whose ailments had much less to do with their admission than a desire to gratify the patron on the part of the hospital officials. The experience of three years, although on so small a scale, has so satisfactorily proved the soundness of this principle, that I feel certain it might be advantageously applied to some of our largest hospitals ; more particularly those supported by voluntary contributions. On this subject the remarks of the following journals (in allusion to our little Hospital) are worthy of notice.

“ The major portien of the receipts are of course obtained by donations and subscriptions from the wealthy in the neighbourhood ; but the principle of self-aid, no matter how small, is established by the system of weekly payments ; and we are delighted to find that a remote village in Surrey has set the example in a matter which must sooner or later be followed by our great metropolitan hospitals. When we see poor agricultural labourers thus contributing towards the expenses of their maintenance and care, how can we feel anything but disgust for a system which fills St. George’s and other west end Hospitals with plethoric butlers and dainty lady’s maids, whose salaries are amply sufficient to provide all their medical wants outside of the Hospital ? It is not the first time that the country has taught the town ‘ how to do it ;’ and we wish Mr. Napper every success in the interesting and important experiment he is now engaged in.”—*British Medical Journal*, Oct. 20, 1860.

“ One very important feature of this Hospital is, that it is not altogether a charity, the patients paying a weekly sum, the amount of which is dependent on their circumstances.

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Those who are acquainted with the workings of our Hospitals in large towns are aware that one of the great drawbacks to them is the impurity of the atmosphere. Persons coming from the pure air of the country are always liable to suffer ill-health from the foulness of the air in great cities; but patients taken from the breezy country downs find themselves in the very foci of disease in large hospitals. . . . . The badly wounded agricultural peasant is by the present system transported to a distant city to almost certain death. The superior abilities of the operator avail him nothing, for nature refuses to work with the surgeon's knife. We have no hesitation in saying that the statistics of a hundred patients in village hospitals would, notwithstanding the comparative inferiority of the operators to the picked men in great metropolitan institutions, show a very much higher per centage of cures than in London, despite the magnificent scale on which hospitals in the latter are conducted. The modest plan on which this little Hospital is conducted may be gathered from the balance sheet, made up to October, 1861, by which it appears that the whole expenses of the year were only £140 9s. 7d., whilst the receipts were £177 7s. 11d., a state of things which many of our larger Hospitals might envy. We hear that the success of the Cranley Village Hospital has caused similar institutions to be established in other quarters, and this is a matter in which selfish considerations as well as philanthropic ones should weigh with gentlemen living in the country. If the village doctors, by means of the training and experience these village hospitals afford, were all clever operators, very many valuable lives would be saved that otherwise perish. The charges of a London surgeon, if summoned any distance, are so large, that none but the wealthy can afford to meet them. Persons of limited means must go to the nearest town,

at a vast inconvenience, for the very same skill they might get by this decentralising arrangement at their own doors. In the interest of the poor and the middle classes dwelling in the country, therefore, we beg to call the attention of our philanthropic readers to this admirable institution, in the hope that its example may be followed."—*London Review*, Dec. 21, 1861.

The following suggestions, resulting from a necessarily limited experience, are offered, with all deference, to those wishing to establish a similar institution.

In a purely rural district, a well ventilated cottage containing a kitchen and room adjoining, with a wash-house and pantry on the ground floor, and four airy bedrooms, will, with a little humble fitting up, be all that is required, allowing one bed to about 1000 of the population, to be embraced in its sphere of action.

For its commencement a sum of about £8 10s. per bed will be required.

For its support, the payments of the patients, ranging from 3s. to 5s. per week, (which are always readily afforded by friends or employers,) and a few annual subscriptions will suffice. For its management a few trustees and a *small* committee, acting on a perfectly independent basis.

Patients to be recommended, but *not nominated* by subscribers; the admission to rest with the Medical Officer in conjunction with the Manager.

For the rest see the Rules of the Cranley Cottage Hospital.

ALBERT NAPPER, M.R.C.S., L.S.A.

CRANLEY, GUILFORD. *October 1st, 1862.*

|                                                       | £ | s. | d. |
|-------------------------------------------------------|---|----|----|
| 3ft. Iron Bedstead . . . . .                          | 1 | 4  | 0  |
| Horsehair Mattress . . . . .                          | 2 | 10 | 0  |
| Wool Mattress . . . . .                               | 0 | 16 | 0  |
| Bolster . . . . .                                     | 0 | 10 | 0  |
| 3 Pillows at 5s. . . . .                              | 0 | 15 | 0  |
| 3 Upper Blankets at 14s. 6d. per pair . . . . .       | 1 | 1  | 9  |
| 1 Under Blanket . . . . .                             | 0 | 5  | 0  |
| Blue Quilt . . . . .                                  | 0 | 6  | 6  |
| 3 pairs of Sheets at 6s. per pair . . . . .           | 0 | 18 | 0  |
| 2 pairs of Pillow cases at 1s. 8d. per pair . . . . . | 0 | 3  | 4  |
| Commode . . . . .                                     | 0 | 9  | 6  |
| Deal Locker . . . . .                                 | 0 | 6  | 0  |
| Rush-seated Chair . . . . .                           | 0 | 2  | 4  |

Cost per Bed

£9 7 5

|                                                |   |   |   |
|------------------------------------------------|---|---|---|
| A Bath . . . . .                               | 2 | 2 | 0 |
| A Kitchen-range with Boiler and Oven . . . . . | 2 | 2 | 0 |
| A Dresser with Drawers . . . . .               | 1 | 2 | 0 |
| Easy Chair . . . . .                           | 1 | 6 | 0 |
| American Clock . . . . .                       | 1 | 8 | 9 |

Chairs, Tables, &c., &c.

A Nurse at 12s. per week.

Charwoman about three days a week, at 1s. per day, 3s.

|                                                        |    |   |   |
|--------------------------------------------------------|----|---|---|
| Total cost of fitting up Hospital for 6 Beds . . . . . | 70 | 0 | 0 |
|--------------------------------------------------------|----|---|---|



# RULES.

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## I.

The Hospital is designed for the accommodation of the Poor when suffering from disease, or from accident ; and shall be under the direction of Three Trustees, one of whom shall be the Rector of the Parish, who shall also be the acting Manager.

## II.

The establishment shall consist of a regular nurse, and another woman for the necessary work of the house. A lady has also kindly promised the benefit of her assistance in all special-cases.

## III.

The nurse shall at such times as her services are not required in the Hospital, attend poor women at their own homes during their confinements, or other illnesses, on payment of the usual fee.

## IV.

Patients shall be received on payment of a weekly sum, the amount of which, dependent on their circumstances, is to be fixed by their employer, in conjunction with the Manager of the Hospital.

## V.

Admission of Patients shall be granted by the Manager, on consultation with the Medical Officer, to either of whom, applications for admission may be made, addressed, at the Village Hospital, Cranley.

## VI.

The Medical Department shall be under the control and superintendence of A. Napper, Esq.

## VII.

The Domestic arrangements shall be under the management and supervision of some of the ladies of the parish.

## VIII.

Every requisite shall be provided in the Hospital, and patients may not receive food or drink from any other source, without the sanction of the Medical Officer.

## IX.

The funds for the establishment and support of the Hospital, shall be raised by voluntary contributions, and the Treasurer's statement of the receipts and expenditure (examined by the Trustees), shall be printed once a-year and forwarded to each subscriber.

## X.

All subscriptions shall be payable yearly and in advance, on the first of October, and any of the Officers may receive Donations and Subscriptions, an account of which shall be rendered to the Treasurer.

## XI.

The furniture, and all other property of the Hospital, shall be vested in the Trustees.

## XII.

In case of a vacancy, the remaining Trustees shall elect another to make up the number.